

Statement of Rep. Henry A. Waxman
AIDS United Reception
April 28, 2014

It is good to be here among a community that I have worked with for so many years.

The Beginning of the Epidemic

I have been working on HIV and AIDS for a very long time now—from before the disease had a name and before the virus had been identified.

The first hearing I chaired on what was then an unnamed disease was in April 1982—over thirty years ago. There had only been around 300 cases and 100 deaths at that time.

Accomplishments to Date in the Fight Against HIV/AIDS

We have accomplished a great deal since then.

We held dozens of hearings on HIV/AIDS in my Subcommittee during the 80s and 90s to raise awareness about HIV/AIDS and spur action to address the epidemic.

We passed legislation for AIDS biomedical research and for prevention and education.

And we established the Ryan White CARE Act to provide medical care and other essential services to people living with HIV/AIDS.

And now, we are in a much better place than we have been before.

We have a sophisticated understanding of this disease. We have treatments that slow or prevent immune collapse and that drastically reduce the risk of transmission from one person to the next.

We have had even greater bipartisan support for HIV/AIDS – including in the previous Administration where President George W. Bush prioritized U.S. leadership on global AIDS.

And now President Obama has launched a strategy to guide efforts here in the U.S. to prevent and treat HIV.

I hope you always knew that you could depend on me. And I certainly knew that I could depend on you for the support, advocacy, strategy, and hard work that were needed. It is paid off.

Future Priorities and Challenges

But we still have a lot to do—especially if we are going to reach the Obama Administration’s goal of an AIDS-free generation.

Affordable Care Act & Ryan White

After decades of patchwork arrangements for people with HIV, we finally have a law that can provide comprehensive coverage to over 25 million uninsured Americans.

The Affordable Care Act can greatly benefit the more than one million people living with HIV/AIDS. But we must remain vigilant in our efforts to ensure eligible Ryan White clients are enrolled in Medicaid or marketplace coverage and minimize the disruption of life-saving treatment.

Because of the ACA, no one with HIV/AIDS can be denied coverage or charged a higher premium because of their diagnosis. But we need to make sure that insurance companies do not discriminate against people living with HIV/AIDS in subtler ways – such as offering plans that do not cover needed drugs and therapies.

The federal government also has an important role in making certain that states, other Ryan White grantees, and insurers understand the continued role of the Ryan

White program. Congress must also maintain its support for the program – as it has done in the past on a bipartisan basis.

The Program will assist clients with their premiums and cost-sharing for needed medical care.

Ryan White will also keep funding services -- like case management and transportation -- that are not typically covered by insurance, and help with services like prescription drugs where there may be coverage limitations.

There are many people living-with-HIV who are poor and live in States that are refusing to expand Medicaid. I believe that more States will do the right thing and expand in the coming months. But until they do, people will rely on limited Ryan White Program funding to get care.

Public Health

Public health experts have pointed to a number of proven interventions that -- if implemented more broadly -- could end the HIV/AIDS epidemic. However, access and adherence to a lifetime of anti-retroviral treatment may not be feasible for the tens of millions of people who are HIV-positive. That is why we have to keep investing in research for a cure and the development of an effective vaccine.

We also cannot overlook the fact that certain groups are disproportionately affected by HIV/AIDS – young adults, gay and bisexual men, and African Americans in particular.

And we cannot continue to put ideology ahead of science and block federal support for needle exchange programs when study after study has confirmed these programs prevent disease transmission and reduce drug use.

Internationally, we must not retreat or shortchange programs to give access to affordable, anti-retroviral drugs that we have developed.

Conclusion

I know that the AIDS community will continue to work on these issues. And I know that you will continue to lead the community.

I thank you for your support over the years, for giving me the chance to serve you, and for this evening's award.

And I look forward to working with you as a friend.